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TRANSMITTAL			Filing Date		September 11, 2003
FORM			First Named Inventor		Ravinder S. DHALLAN `
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		3 ,	Examiner Name		E. Whisenant
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ENCLOSURES (Check all that apply)					
Fee Transr	nittal Form	Drawing(s)			After Allowance Communication to TC
Fee Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences
X Amendment/Reply (Preliminary - 4 pages)		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
After Final		Petition to Convert to a Provisional Application			Proprietary Information
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address			Status Letter
Extension of Time Request		Terminal Disclaimer			Other Enclosure(s) (please Identify below):
Express At	pandonment Request	Request for Refund			 Marked-Up Version of Substitute Specification (316 pages including abstract) Clean Version of Substitute Specification
	n Disclosure Statement ntal – 3 pages)	CD, Number of CD(s)			 (316 pages including abstract) Communication and Statement to Support Filing and Submission in Accordance with 37 C.F.R. §§ 1.821-1.825 (2 pages)
Certified Copy of Priority Document(s)		Landscape Table on CD			Substitute Sequence Listing (150 pages) Computer Readable Copy of Substitute Sequence Listing (1 disk) Form PTO/SB/08a/b + copy (2 pages) 1 Reference Return Receipt Postcard
Reply to Missing Parts/ Incomplete Application		Remarks			
Reply to Missing Parts under 37 CFR 1.52 or 1.53					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name MODDICON & FORDER LAB (Contamination of the contamination of					
Signature	MORRISON & FOERSTER LLP (Customer No. 25226)				
	10	2/.	1/t-		
Printed name	Alicia J. Hager	C		1	
Date	May 23, 2005	·	Reg. No.	4	4,140
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV093225732US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: May 23, 2005 Signature: (Georgina Matos)					